

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/574652
FILING DATE
APPLICATION

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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50							100						
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TOTAL OPT.	16	←	←	←	←	←	TOTAL OPT.		←	←	←	←	←
TOTAL CLAIMS	17	██████████	██████████	██████████	██████████	██████████	TOTAL CLAIMS		██████████	██████████	██████████	██████████	██████████

BEST AVAILABLE COPY